## Southern Regional Education Board *Electronic Campus*

## **Course** Nomination and Certification Form

Each course listed below is nominated for inclusion in the *Electronic Campus*. The following course(s) have been reviewed by the sponsoring college or university and have been determined to meet or exceed the quality standards of the *Principles of Good Practice*.

Institution	Date Date				
		Course Nominations			
Course Prefix and Number	Primary Delivery Format (i.e., web, video, satellite, etc.)	Course Title	e	Level	Credits
Institutional S	REB-EC Representa	tive's <b>Signature</b>	<b>Date</b> Certifying C	Complianc	ee
Print or Type Representative's <b>Name</b> and <b>Title</b>			E-mail address		
Address			Telephone		
Dr. Gail Morr		n to the State SREB-EC Coord ademic Affairs and Licensing, SC mbia, SC 29201		_	
		Signature, Gail M. Morrison State SREB-EC Coordina		<u>—</u> е	